

Town of North Hempstead Community Development Agency
RFP 23-1-1: Independent Auditing Services
Issued: January 7, 2023
Proposals Due: January 31, 2023, 3 PM

Interested Proposers: Please email cdadepartment@northhempsteadny.gov to notify the CDA of an intention to apply so we can provide you with any updates or answers to questions.

The Town of North Hempstead Community Development Agency, Roslyn Heights, NY, is requesting proposals from qualified organizations to provide independent auditing services ("Auditor" or "Organization") for the administration of its community development program.

BACKGROUND

The Town of North Hempstead Community Development Agency (the "Agency") is a municipal urban renewal agency for the Town of North Hempstead (the "Town") established under NYS General Municipal Law, Article 15-B. NYS has designated the Agency as a public authority subject to compliance with the NYS Authorities Budget Office.

The Agency's mission is to develop viable communities in the Town of North Hempstead predominantly for low and moderate-income people. The Agency achieves viable communities by providing the following:

- Decent Housing
- Suitable Living Environment
- Expanded Economic Opportunities

The Agency is funded primarily with Community Development Block Grant (CDBG) funds provided by the United States Department of Housing and Urban Development (HUD). HUD regulates activities funded under the CDBG and HOME programs administered by the Nassau County Office of Community Development (OCD). To further help with its mission, the Agency operates under a cooperation agreement with the Town and OCD. The Agency also administers other New York State and Federal Grants awarded through grant proposals.

The Agency is governed by a five-member Board of Directors appointed by the Town Board. The Agency has three full-time staff members. The Agency Board of Directors hires the Executive Director to oversee the day-to-day administration as Chief Executive Officer. The Assistant Executive Director serves as Chief Financial Officer. The Administrative Assistant performs the Agency's general bookkeeping services, including accounts payable, accounts receivable, payroll, and preparing claims for grant reimbursement. The Agency uses the Town's Logos New World System as its general ledger system and an outside payroll service. In addition, the Agency has an Internal Accountant Services contractor that provides professional accounting services.

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SCOPE OF SERVICES

The Scope of Services to be provided by the Independent Auditor will include the following:

1. Perform an annual audit of the Agency's financial statements ("Audit") covering calendar years 2022, 2023, and 2024, subject to the Agency's right of early termination as provided in the Contract. In addition, the Agency requests a proposal to include optional one-year extensions for calendar years 2025, 2026, and 2027. NYS Authorities Budget Office asks public authorities to file audited financial statements on or before April 1 of each year. Please indicate your availability to begin work on the 2022 audit.
2. Conduct the Audit following US Government Generally Accepted Governmental Auditing Standards (GAGAS). In addition, the Auditor will be required to certify that the Agency's financial statement complies with all applicable federal and state laws and regulations. Further, the Auditor will certify that it follows US Government Generally Accepted Accounting Principles (GAAP).
3. Conduct a single audit in accordance with 2 CFR 200 Part F.
4. File with the Federal Clearinghouse.
5. Other related audit activities, such as:
 - a. Meeting with the Agency Audit Committee
 - b. An Oral presentation of the Audit to the Agency Board and Audit Committee.

GENERAL PROPOSAL REQUIREMENTS

Please respond with a narrative including the following:

1. Provide evidence of license as a Certified Public Accountant in New York State in good standing.
2. Demonstrate your Organization's experience, including a minimum of 3 years of government accounting and auditing experience with special emphasis on auditing for Community Development Agencies or organizations administering CDBG funds. Please detail your accomplishments.
3. Demonstrate your Organization's qualification and experience with particular emphasis on Generally Accepted Accounting Principles (GAAP) and reporting provisions of the New York State Comptroller. Please detail your accomplishments.
4. List the names, credentials, and experience of the staff assigned to this Audit and the staff member's role.
5. Demonstrate your Organization's capacity to perform the Audit and necessary filings on time. In addition, please provide your Organization's general availability to start and complete the Audit.

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6. Provide a brief description of your approach to starting and completing the Audit. For example, indicate whether you plan to use a portal to collect documents, conduct remote or in-office document reviews, and coordinate with the Agency staff.
7. Provide a brief description of your Organization's services in response to the **SCOPE OF SERVICES** Section outlined above.
8. A listing of similar government entities the Organization has been under contract for independent auditing services with over the past three years with a minimum of three references (i.e., the name of the Agency, address, Executive Director, telephone number, and website). Please indicate if the client is a current or former client.
9. Provide an annual fee estimate for three years with the option of three additional annual renewals. Please also include an hourly fee schedule for additional work, if required.
10. Evidence of Professional Liability coverage at not less than \$1,000,000 aggregate.
11. If you are an MBE or WBE-owned Organization, please describe how you self-identify as such an organization. In addition, if you have been certified by NYS Empire State Development, Nassau County Office of Minority Affairs, please provide this information as well.
12. Please advise us if your Organization self-identifies as a HUD Section 3 business concern.

The requirements of the HUD Section 3 Program have recently changed. This is a revised compliance requirement for the Agency. All proposers should review HUD guidance set forth at <https://www.hud.gov/section3>.

ADDITIONAL SUBMISSION REQUIREMENTS

Attached as Exhibit A, you will find the following Mandatory Forms. All offers must include these forms completed and signed where required.

EVALUATION CRITERIA

Only proposals that meet the threshold requirements will be rated and ranked.

1. Threshold requirement: The Organization must have a Certified Public Accountant licensed in New York State in good standing.
2. Threshold requirement: Must have experience in grant fund and community development auditing.
3. Threshold requirement: Must have experience working with NYS Authorities Budget Office filings and US GAAP.

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4. Threshold requirement: Must have professional liability insurance Professional Liability coverage at not less than \$1,000,000 aggregate.

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In addition, proposals will be rated and ranked according to the following weighted criteria:

5. Professional and technical experience in government accounting and auditing. (10 Points)
Excellent = 10 points Good = 5 points Fair = 0 points
6. Capability to perform accounting services on time. (20 Points)
Excellent = 20 points Good = 7 points Fair = 0 points
7. Overall hands-on experience and knowledge of HUD regulations, requirements, accounting practices, and applicable Federal, State, and Local laws. (20 points)
Excellent = 20 points Good = 10 points Fair = 2 points
8. Record of past performance with Community Development Agencies of similar size and program composition (30 Points)
Excellent = 30 points Good = 15 points Fair = 5 points
9. Accounting and audit approach and methodology (10 Points)
Excellent = 10 points Good = 5 points Fair = 2 points
10. Proposed fee structure (10 Points)
Excellent = 10 points Good = 5 points Fair = 2 points

The Agency will reject Proposals of any organization or individual debarred by the U.S. Department of Housing and Urban Development (HUD) and reserves the right to reject the Proposal of any respondent who has previously failed to perform any contract properly.

PROPOSAL SUBMISSION AND AWARD

Proposals may be mailed, hand-delivered, or emailed.

- If mailed or hand-delivered, please place it in a sealed envelope marked "*Proposal Enclosed - Independent Auditing Services*" and deliver it to the below address:

Town of North Hempstead Community Development Agency
51 Orchard Street, Roslyn Heights, NY 11577
Attn: Rosemary Olsen

- If emailed, the Proposal should be in a portable document format (PDF) with an email header "*Proposal Enclosed - Independent Auditing Services*". *Please send a follow-up email to ensure that we received the Proposal.* email to: cdadepartment@northhempsteadny.gov

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Our telephone number is 516-869-2480. In addition, you may contact Rosemary Olsen, Patrice Allen, or Joseph Santamaria.

Each Proposal submitted will be the document upon which the Agency will make its initial judgment regarding each Proposer's qualifications, methodology, and ability to provide the requested services. Submission of any proposal indicates an acceptance of the conditions in the Request for Proposals unless the submitted Proposal clearly and specifically states otherwise.

The Agency reserves the right with any RFP respondent to:

- Accept or reject proposals in whole or part,
- Waive informalities, and
- Require supplemental statements or information from any responsible party.
- Negotiate potential contract terms,
- Have discussions to correct or clarify responses that do not conform to the RFP instructions.
- Disregard all non-conforming, non-responsive, or conditional proposals.

The CDA reserves the right to award the services, in whole or in part, to one or more entities, firms, and/or individuals. Any award shall be conditioned on the later execution of a formal written contract. The CDA reserves the right to revoke or rescind any award at any time before fully executing a formal written contract.

All information submitted in response to this RFP is subject to the Freedom of Information Law (FOIL). The FOIL Law generally mandates the disclosure of documents unless the document's content falls under a specific exemption to disclosure.

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Exhibit A-1: Non-Collusive Proposal Submission Certification

The Proposer certifies as to its Organization, under penalty of perjury, to the best of their knowledge and belief:

1. The pricing proposed is determined independently without collusion, consultation, communication, or agreement, to restrict competition as to any matter relating to such prices with any other proposer or with any competitor;
2. Unless otherwise required by law, Proposal prices quoted have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer before opening, directly or indirectly, to any other proposer or any competitor; and
3. No attempt has or will be made by the Proposer to induce any other person, partnership, or corporation to submit or not to submit a proposal to restrict competition.

The undersigned attests under penalty of perjury that I am an authorized representative of the Proposer and that the foregoing statements are true and accurate.

Name of Proposer: _____

Signature of Authorized Representative: _____

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Exhibit A-2: Organization Questionnaire

1. Identify all adverse determinations against your Organization, its employees, or persons acting on its behalf concerning actions, proceedings, claims, or complaints concerning violations of federal, state, or municipal equal opportunity laws or regulations.

2. Has your Organization, its employees (present or past), or anyone acting on its behalf, ever been convicted of a crime or offense arising directly or indirectly from the conduct of your Organization's business?

3. Has any of your Organization's officers, directors, or persons exercising substantial policy discretion ever been convicted of any crime or offense involving business or financial misconduct or fraud? If so, please describe any such convictions and surrounding circumstances in detail.

4. A description of actions, lawsuits, proceedings, or investigations pending or threatened against your Organization, including, without limitation, any proceeding known to be contemplated by government authorities or private parties.

5. Has your Organization, its employees, or anyone acting on its behalf been indicted or charged in a pending criminal matter arising directly or indirectly from the conduct of your Organization's business?

6. Have any of your Organization's officers, directors, or persons exercising substantial policy discretion been indicted or charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe any such indictments or charges and circumstances in detail.

The undersigned attests under penalty of perjury that I am an authorized representative of the Proposer and that the foregoing statements are true and accurate.

Name of Proposer: _____

Signature of Authorized Representative: _____

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Exhibit A-3: Conflicts of Interest:

1. Please disclose:
 - a. Any material financial relationships that your Organization or any organization employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with the Agency.
 - b. Any family relationship your Organization's employees has with an Agency member, employee, or official that may create a conflict of interest or the appearance of a conflict of interest in contracting with the Agency.
 - c. Any other matter that your Organization believes may create a conflict of interest or the appearance of a conflict of interest in contracting with the Agency.
2. Please describe or attach any procedures your Organization has or would adopt to assure the Agency that a conflict of interest would not exist for your Organization in the future.

The undersigned attests under penalty of perjury that I am an authorized representative of the Proposer and that the foregoing statements are true and accurate.

Name of Proposer: _____

Signature of Authorized Representative: _____